

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-63-011282**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 228

Primary Registration District No. 2002

Registrar's No. 402

**1. PLACE OF DEATH**

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Springfield

Length of stay in lb  
21 years

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Greene

c. CITY OR TOWN Springfield

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 820 Benton Avenue

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1304 N. Robberson

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First MATILDA

Middle JANE

Last ROCKWELL

4. DATE OF DEATH  
Month March Day 13 Year 1963

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
4/2/1881

9. AGE (last birthday)  
81

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
Home

11. BIRTHPLACE (City and state or country)  
Lore, Iowa

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

**13a. FATHER'S NAME**

John Lexinger

**13b. MOTHER'S MAIDEN NAME**

Johanna Brockman

**14. NAME OF HUSBAND OR WIFE**

Walter Rockwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No None

**16. SOCIAL SECURITY NO.**

17. INFORMANT 1304 N. Robberson Ave., A.A. Rockwell, Springfield, Missouri

**18. CAUSE OF DEATH** (Enter only one cause per item for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

**IMMEDIATE CAUSE (a)**

Arteriosclerotic heart - sev. years disease with congestive failure - 1 mo.

**INTERVAL BETWEEN ONSET AND DEATH**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**DUE TO (b)**

**DUE TO (c)**

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)**

At. Renal tumor progressing in size

**PART III. If deceased was female was there a pregnancy in last 90 days.**

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour 4:15 a.m. 1962 Month, Day, Year Mar 13

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1962 to Mar 13th and last saw her alive on Mar 13, 1963  
Death occurred at 4:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

(Degree or title)

Don J. Silsby M.D.

**22b. ADDRESS**

Springfield, Mo

**22c. DATE SIGNED**

3/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

**23b. DATE**

3/15/1963

**23c. NAME OF CEMETERY OR CREMATORY**

Greenlawn Cemetery

**23d. LOCATION (City, town, or county)**

Springfield, Missouri

**24. FUNERAL DIRECTOR**

1200 Bonville Avenue  
Ralph Thieme, Springfield, Missouri

**25. DATE RECD. BY LOCAL REG.**

3-18-63

**26. REGISTRAR'S SIGNATURE**

Effie S. Hutton

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1 0397

2 0397

3

4 1

5 2

6

7 1

8 2

9 4200

10

11

12 91-0

13

3-14-63  
Plum

-12

**Signec**

P. O. Address

If this body is not embalmed, fact should be so stated above.